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# 2017 Off-Cycle CAHPS® Adult Medicaid Survey Summary Report

## Centene NE - Nebraska Total Care

December 2017

HERITAGE HEALTH | nebraska total care

*Morpace research is completed in compliance with ISO 20252*

# Table of Contents



***Detailed exhibits and data tables available in online reporting portal.***

# 2017 Executive Highlights

| Summary Rate Scores (% Positive Response) | | | | 2017 NCQA Accreditation CAHPS Points | | | |
|---|---|---|---|---|---|---|---|
| COMPOSITE SCORES | 2017 | 2016 | 2017 Score versus 2017 Quality Compass | *Approx.* 2017 Percentile Threshold | *2017 Approx. Points* | *2016 Approx. Points* | Difference from 2016 |
| Getting Care Quickly | **89%** | NA | 97th | 90th | **1.625** | NA | NA |
| How Well Doctors Communicate | **92%** | NA | 52nd | NA | **NA** | NA | NA |
| Care Coordination | **88%** | NA | 86th | 75th | **1.430** | NA | NA |
| Getting Needed Care | **87%** | NA | 94th | 90th | **1.625** | NA | NA |
| Customer Service | **88%** | NA | 35th | NA | **NA** | NA | NA |
| Shared Decision Making | **77%** | NA | 17th | NA | **NA** | NA | NA |
| **OVERALL RATING SCORES** | | | | | | | |
| Health Care | **78%** | NA | 83rd | 75th | **1.430** | NA | NA |
| Personal Doctor | **86%** | NA | 91st | 90th | **1.625** | NA | NA |
| Specialist | **78%** | NA | 14th | 50th | **1.105** | NA | NA |
| Health Plan | **79%** | NA | 71st | 75th | **2.860** | NA | NA |
| | | | | | **11.700** | NA | NA |

*Green (light) shade = relative strength* *Red (dark) shade = relative weakness*

***Total Possible CAHPS Points = 13.00***

## Key Learnings from these tables:

- The **Summary Rate Scores** show the proportion of members who rate the plan favorably on a measure - 100% is the highest.
- Comparing the plan's percentages for the current year against last year, you can quickly see where the plan improved or declined.
- Colored arrows denote significant changes from last year, and likely play a role in changes to the plan's overall CAHPS accreditation points.
- The Quality Compass percentiles provide an indication of how the plan fared against *last year's* national average - 100th is the highest.

- The **NCQA Accreditation CAHPS Points** are approximated due to rounding because NCQA provides only two digits after the decimal but uses six digits in their actual calculation.
- NCQA awards CAHPS points based on the percentile in which the plan places for each measure. The maximum total points for all measures is 13.
- By measure, the plan earns maximum points when ranked 90th percentile or above, and minimum points for falling below the 25th percentile.
- Importantly, the Health Plan Overall Rating measure earns double points so it always plays a key role in the plan's Total CAHPS Points.

# Background, Protocol and Sample

**Background**

CAHPS® measures health care consumers' satisfaction with the quality of care and customer service provided by their health plan. Plans which are collecting HEDIS® (Healthcare Effectiveness Data and Information Set) data for NCQA accreditation are required to field the CAHPS® survey among their eligible populations.

**Protocol**

For CAHPS® results to be considered in HEDIS® results, the CAHPS® 5.0H survey must be fielded by an NCQA (National Committee for Quality Assurance)-certified survey vendor using an NCQA-approved protocol of administration in order to ensure that results are collected in a standardized way and can be compared across plans. Standard NCQA protocols for administering CAHPS® 5.0H include a mixed-mode mail/telephone protocol and a mail-only protocol. The protocol includes the following:

**Pre-notification postcard mailed (optional)**


**Questionnaire with cover letter and business reply envelope (BRE) mailed**


**Internet link included on cover letter (optional)**

**1st reminder postcard mailed**


**Replacement questionnaire with cover letter and BRE to all non-responders**


**Internet link included on cover letter (optional)**

**2nd reminder postcard mailed**


**Telephone interviews conducted with non-responders (min of 3/max of 6 attempts)**

- Centene NE - Nebraska Total Care chose the mail/telephone/Internet protocol.

**Sample**

| | Sample Size | Total Completes | English Completes | Spanish Completes |
|---|---|---|---|---|
| Centene NE - Nebraska Total Care | 1350 | 347 | 335 | 12 |

# Disposition Summary and Response Rate

- A response rate is calculated for those members who were eligible and able to respond.
- A completed questionnaire is defined as a respondent who completed three of the five required questions that all respondents are eligible to answer (question #3,15, 24, 28, 35).
- According to NCQA protocol, ineligible members include those who are deceased, do not meet eligible population criteria, have a language barrier, or are either mentally or physically incapacitated.
- Non-responders include those members who refuse to participate in the current year's survey, could not be reached due to a bad address or telephone number, members that reached a maximum attempt threshold without a response, or members that did not meet the completed survey definition.
- The table below shows the total number of members in the sample that fell into each of the various disposition categories.

**Centene NE - Nebraska Total Care**
**2017 Disposition Summary**

| Ineligible | Number |
|---|---|
| Deceased | 2 |
| Does not meet eligible population criteria | 2 |
| Language barrier | 16 |
| Mentally/physically incapacitated | 21 |
| **Total Ineligible** | **41** |

| Non-response | Number |
|---|---|
| Partial complete | 6 |
| Refusal | 62 |
| Maximum attempts made | 894 |
| Do Not Call list | 0 |
| | |
| **Total Non-response** | **962** |

- Ineligible surveys are subtracted from the sample size when computing a response rate (see below):

$$\frac{\textit{Total completed surveys}}{\textit{Sample size - Ineligible surveys}} = \textit{Response Rate}$$

- Using the final figures from Centene NE - Nebraska Total Care's survey, the 2017 response rate is calculated using the equation below:

$$\textit{Response Rate} = \frac{\textit{Mail (252)} + \textit{Phone (85)} + \textit{Internet (10)} = 347}{\textit{Total Sample (1350)} - \textit{Total Ineligible (41)} = 1309} = \mathbf{27\%}$$

*Memo:*
*2017 NCQA Avg. Response Rate = 23%*

# Summary of Key Measures

- For purposes of reporting the CAHPS® results in HEDIS® (Healthcare Effectiveness Data and Information Set) and for scoring for health plan accreditation, the National Committee for Quality Assurance (NCQA) uses 5 composite measures and 4 rating questions from the survey.
- Each of the composite measures is the average of 2 - 4 questions on the survey, depending on the measure, while each rating score is based on a single question. CAHPS® scores are most commonly shown using Summary Rate scores (percentage of positive responses).

| Centene NE - Nebraska Total Care | |
|---|---|
| | Data |
| **Composite Measures** | **2017** |
| Getting Care Quickly | 89% |
| Shared Decision Making | 77% |
| How Well Doctors Communicate | 92% |
| Getting Needed Care | 87% |
| Customer Service | 88% |
| **Overall Rating Measures** | |
| Health Care | 78% |
| Personal Doctor | 86% |
| Specialist | 78% |
| Health Plan | 79% |
| **HEDIS® Measures** | |
| Flu Vaccinations | 47% |
| Advising Smokers and Tobacco Users to Quit* | 79% |
| Discussing Cessation Medications* | 60% |
| Discussing Cessation Strategies* | 55% |
| | |
| Health Promotion & Education | 74% |
| Care Coordination | 88% |
| *Sample Size* | *1350* |
| *# of Completes* | *347* |
| *Response Rate* | *27%* |

↑/↓Statistically higher/lower compared to prior year results.
NA=Data not available

*Measure is reported using a Rolling Average Methodology. The score shown is the reportable score for the corresponding year.

# Comparison to Quality Compass®

| | Centene - NE (Nebraska Total Care) | | 2017 Adult Medicaid Quality Compass® | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Adult Medicaid Survey Questions | 2017 | Percentile | Mean | 5th | 10th | 25th | 50th | 75th | 90th | 95th |
| **Getting Care Quickly** *(% Always/Usually)* | **88.56** | 97th | 81.83 | 74.92 | 76.72 | 79.64 | 82.22 | 84.51 | 86.64 | 87.97 |
| **How Well Doctors Communicate** *(% Always/Usually)* | **91.70** | 52nd | 91.38 | 87.54 | 88.80 | 90.07 | 91.53 | 92.75 | 93.90 | 94.46 |
| Q22 **Care Coordination** *(% Always/Usually)* | 87.56 | 86th | 83.24 | 76.00 | 77.40 | 80.77 | 83.79 | 85.96 | 88.46 | 89.64 |
| **Getting Needed Care** *(% Always/Usually)* | **87.03** | 94th | 81.98 | 74.84 | 76.08 | 79.65 | 82.67 | 84.74 | 86.56 | 87.07 |
| **Customer Service** *(% Always/Usually)* | **87.50** | 35th | 88.15 | 83.64 | 84.64 | 86.64 | 88.38 | 90.07 | 91.23 | 91.73 |
| **Shared Decision Making** *(% Yes)* | **77.31** | 17th | 79.76 | 75.02 | 76.12 | 78.04 | 79.69 | 81.55 | 83.40 | 84.17 |
| Q13 **Rating of Health Care** *(% 8, 9, 10)* | 78.20 | 83rd | 74.36 | 66.67 | 68.92 | 71.71 | 74.49 | 77.17 | 79.44 | 81.10 |
| Q23 **Rating of Personal Doctor** *(% 8, 9, 10)* | 85.94 | 91st | 81.18 | 73.97 | 75.29 | 79.32 | 81.59 | 83.65 | 85.48 | 86.83 |
| Q27 **Rating of Specialist** *(% 8, 9, 10)* | 78.29 | 14th | 81.79 | 75.90 | 77.42 | 79.53 | 81.88 | 84.09 | 86.14 | 87.69 |
| Q35 **Rating of Health Plan** *(% 8, 9, 10)* | 79.04 | 71st | 75.88 | 67.00 | 68.86 | 72.88 | 76.40 | 79.49 | 81.35 | 82.62 |

**Legend:**
**95th = Plan score falls on or above 95th percentile**
**90th = Plan score falls on 90th or below 95th percentile**
**75th = Plan score falls on 75th or below 90th percentile**
**50th = Plan score falls on 50th or below 75th percentile**
**25th = Plan score falls on 25th or below 50th percentile**
**10th = Plan score falls on 10th or below 25th percentile**
**5th = Plan scores falls below 10th percentile**

The 2017 Adult Medicaid Quality Compass® consists of 177 public and non-public reporting health plan products (All Lines of Business excluding PPOs).

# Accreditation Details

## *Scoring for NCQA Accreditation (Includes How Well Doctors Communicate)*

| | | | | 2017 NCQA National Accreditation Comparisons* | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Below 25th Nat'l | 25th Nat'l | 50th Nat'l | 75th Nat'l | 90th Nat'l |
| | | | ***Accreditation Points*** | ***0.325*** | ***0.650*** | ***1.105*** | ***1.430*** | ***1.625*** |
| **Composite Scores** | **Sample Size** | **Mean** | **Approximate Percentile Threshold** | | | | | ***Approximate Score*** |
| Getting Care Quickly | (n=218) | **2.540** | 90th | | 2.33 | 2.40 | 2.45 | 2.49 | ***1.625*** |
| How Well Doctors Communicate | (n=283) | **2.656** | 90th | | 2.48 | 2.54 | 2.58 | 2.64 | ***1.625*** |
| Getting Needed Care | (n=239) | **2.468** | 90th | | 2.28 | 2.35 | 2.41 | 2.45 | ***1.625*** |
| Customer Service*** | (n=92) | **0.000** | NA | | 2.48 | 2.54 | 2.58 | 2.61 | ***NA*** |
| **Overall Ratings Scores** | | | | | | | | | |
| Health Care | (n=289) | **2.439** | 75th | | 2.32 | 2.38 | 2.43 | 2.46 | ***1.430*** |
| Personal Doctor | (n=313) | **2.623** | 90th | | 2.43 | 2.50 | 2.53 | 2.57 | ***1.625*** |
| Specialist | (n=175) | **2.531** | 50th | | 2.48 | 2.51 | 2.56 | 2.59 | ***1.105*** |
| | | | ***Accreditation Points*** | ***0.650*** | ***1.300*** | ***2.210*** | ***2.860*** | ***3.250*** | |
| Health Plan | (n=334) | **2.482** | 75th | | 2.35 | 2.43 | 2.48 | 2.53 | ***2.860*** |
| | | | | | | | | **Estimated Overall CAHPS® Score:** | **11.895** |

**NOTE:** NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

*Data Source: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

# Accreditation Details

## *Scoring for NCQA Accreditation (Includes Care Coordination)*

| | | | | 2017 NCQA National Accreditation Comparisons* | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | | Below 25th Nat'l | 25th Nat'l | 50th Nat'l | 75th Nat'l | 90th Nat'l |
| | | | ***Accreditation Points*** | ***0.325*** | ***0.650*** | ***1.105*** | ***1.430*** | ***1.625*** |
| **Composite Scores** | **Sample Size** | **Mean** | **Approximate Percentile Threshold** | | | | | ***Approximate Score*** |
| Getting Care Quickly | (n=218) | **2.540** | 90th | | 2.33 | 2.40 | 2.45 | 2.49 | ***1.625*** |
| Getting Needed Care | (n=239) | **2.468** | 90th | | 2.28 | 2.35 | 2.41 | 2.45 | ***1.625*** |
| Customer Service*** | (n=92) | **0.000** | NA | | 2.48 | 2.54 | 2.58 | 2.61 | ***NA*** |
| Care Coordination | (n=193) | **2.472** | 75th | | 2.34 | 2.39 | 2.44 | 2.50 | ***1.430*** |
| | | | | | | | | | |
| Health Care | (n=289) | **2.439** | 75th | | 2.32 | 2.38 | 2.43 | 2.46 | ***1.430*** |
| Personal Doctor | (n=313) | **2.623** | 90th | | 2.43 | 2.50 | 2.53 | 2.57 | ***1.625*** |
| Specialist | (n=175) | **2.531** | 50th | | 2.48 | 2.51 | 2.56 | 2.59 | ***1.105*** |
| | | | ***Accreditation Points*** | ***0.650*** | ***1.300*** | ***2.210*** | ***2.860*** | ***3.250*** | |
| Health Plan | (n=334) | **2.482** | 75th | | 2.35 | 2.43 | 2.48 | 2.53 | ***2.860*** |
| | | | | | | | **Estimated Overall CAHPS® Score:** | | **11.700** |

**NOTE:** NCQA begins their calculation with an unadjusted raw score showing six digits after the decimal and then compares the adjusted score to their benchmarks and thresholds (also calculated to the sixth decimal place). Starting in 2015, NCQA will no longer use an adjusted score. This report displays accreditation points and scores with only two digits after the decimal. Therefore, the estimated overall CAHPS® score may differ from the sum of the individual scores due to rounding and could differ slightly from official scores provided by NCQA. The CAHPS® measures account for 13 points towards accreditation.

*Data Source: 2017 Initial Benchmarks and Thresholds.

*** Not reportable due to insufficient sample size.

# Key Driver Analysis and Action Plans

## *Action Plan – Rating of Health Plan*

A Key Driver Analysis is conducted to understand the impact that different aspects of plan service and provider care have on members' overall satisfaction with their health plan, their personal doctor, their specialist, and health care in general. Two specific scores are assessed both individually and in relation to each other. These are:

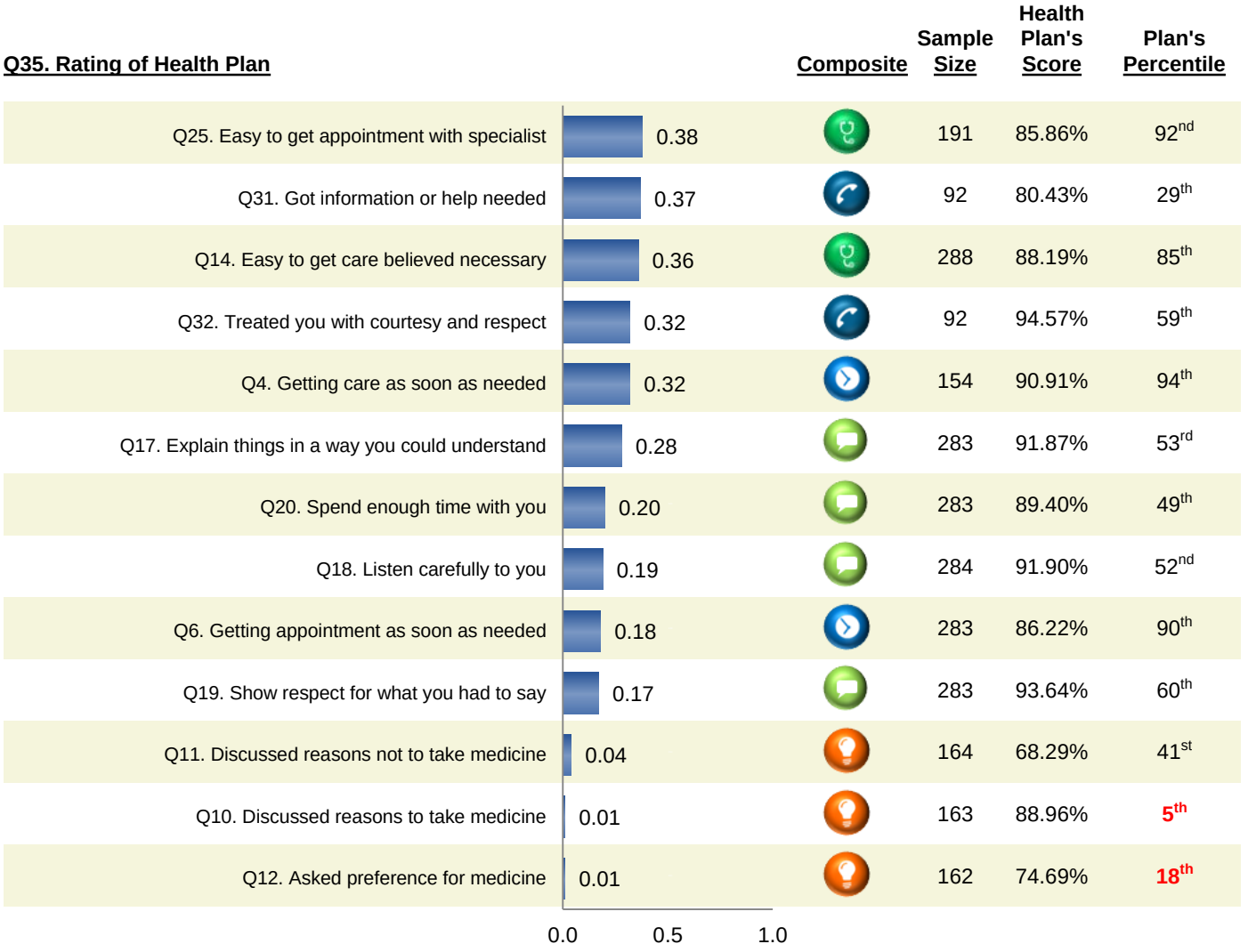
1. The relative importance of the individual issues (Correlation to overall measures)
2. The current levels of performance on each issue (Percentile group in Quality Compass®)

Plans should take action to improve items that are both highly correlated to the overall measure, and currently rated low when compared to national averages (Quality Compass®). Below is a list of items that are considered a High Priority for Improvement to the Overall Rating of Health Plan as well as the Primary Recommendation for improving this measure. For more ideas on how to improve your scores, please see the *Action Plans for Improving CAHPS® Scores* section of this report.

**High Priority for Improvement**
(High correlation/Relatively low performance)

| Overall Rating of Health Plan | | Primary Recommendation |
|---|---|---|
| Q31 - Got Information or Help Needed | → | On a monthly basis study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan. |

# Key Driver Analysis – Health Plan




**High Priority for Improvement**
(High Correlation/
Lower Quality Compass® Group)

Q31 - Got Information or Help Needed

**Continue to Target Efforts**
(High Correlation/
Higher Quality Compass® Group)

Q25 - Easy to Get Appointment with Specialist

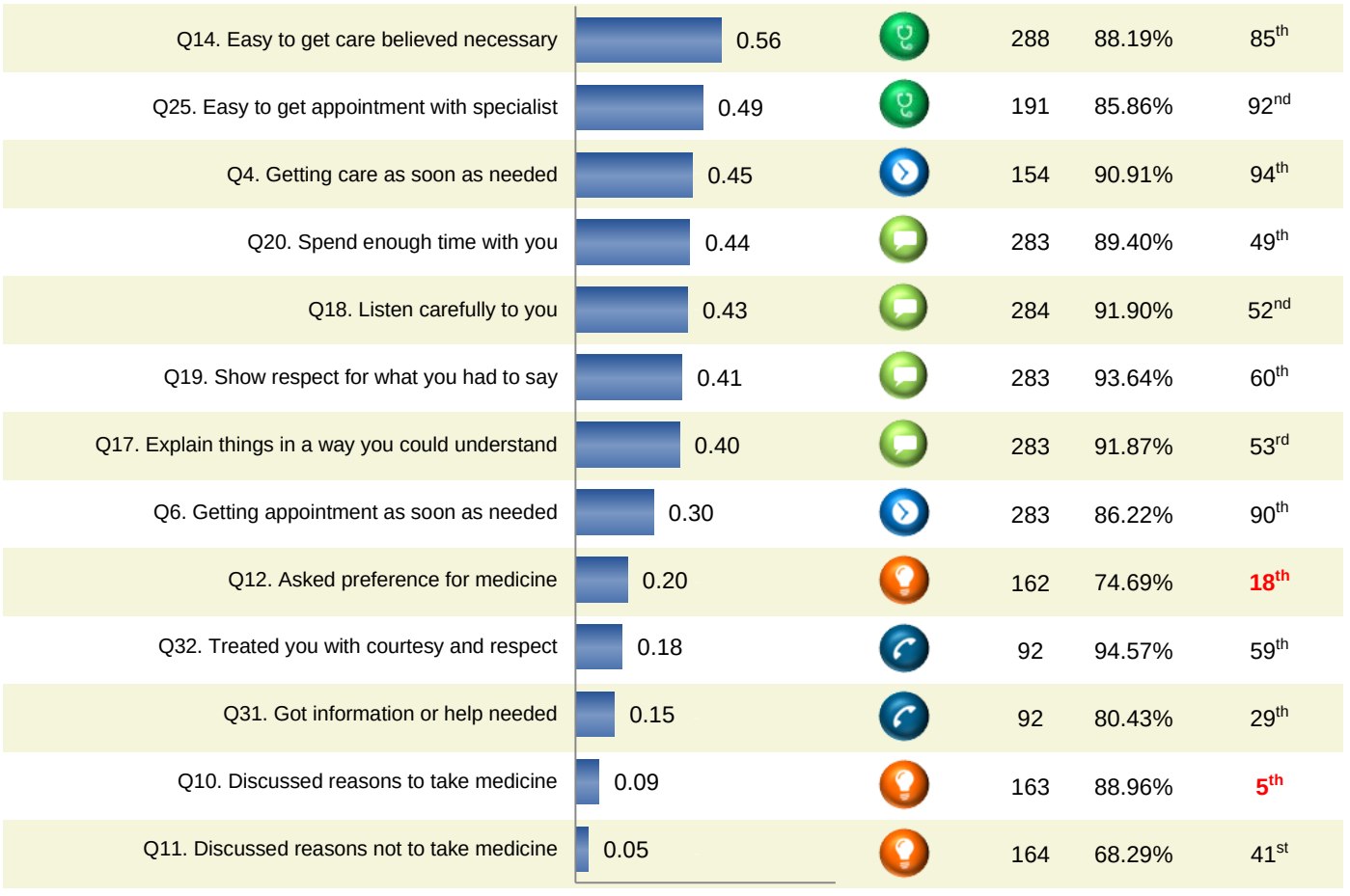
Q14 - Easy to Get Care Believed Necessary

Use caution when reviewing scores with sample sizes less than 25.
"Health Plan's Score" is the percent of respondents that answered “Always”, “Usually”; “Yes”

**Red Text** indicates measure is 25th percentile or lower.

Getting Care Quickly | Shared Decision Making | How Well Doctors Communicate | Getting Needed Care | Customer Service

# Key Driver Analysis – Health Care




**High Priority for Improvement**
(High Correlation/
Lower Quality Compass® Group)

Q20 - Spend Enough Time with You
Q18 - Listen Carefully to You
Q19 - Show Respect for What You Had to Say
Q17 - Explain Things in a Way You Could Understand

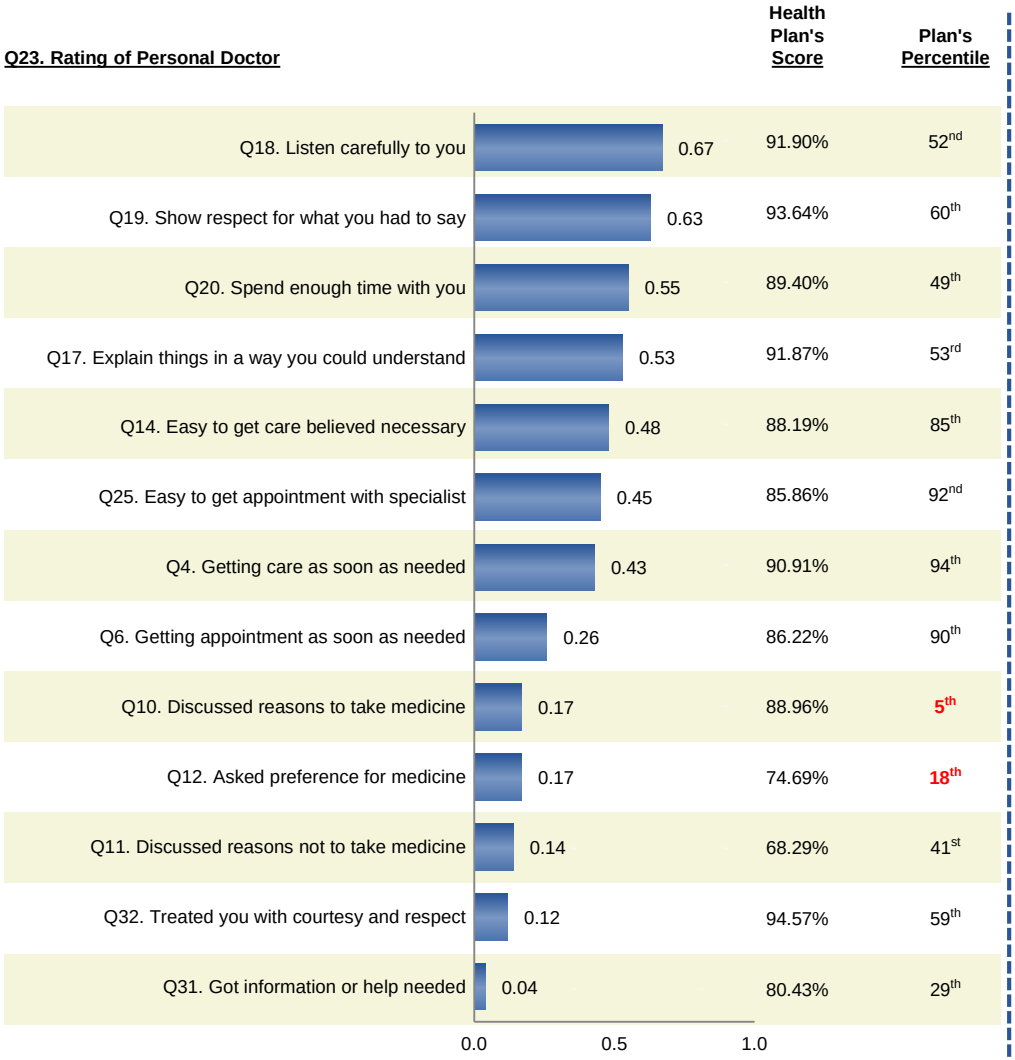
**Continue to Target Efforts**
(High Correlation/
Higher Quality Compass® Group)

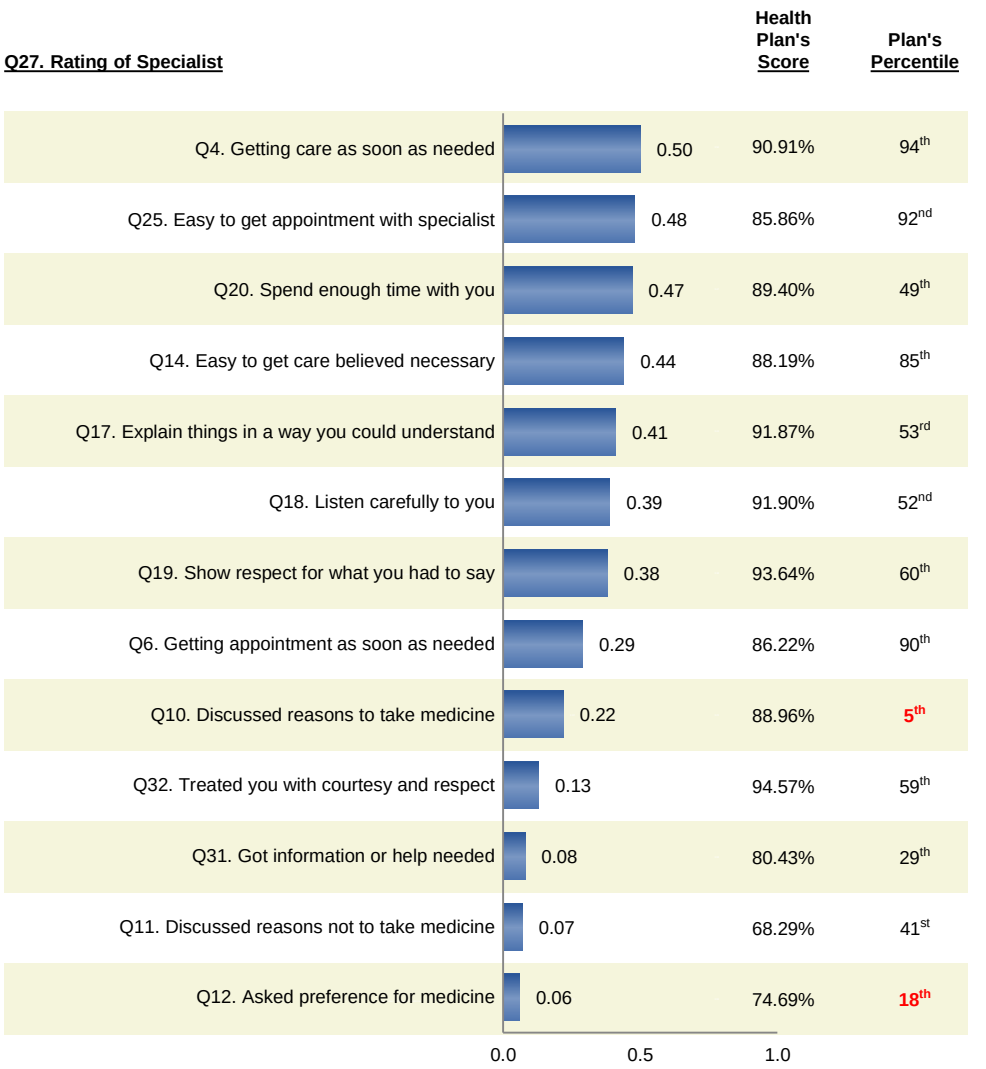
Q14 - Easy to Get Care Believed Necessary
Q25 - Easy to Get Appointment with Specialist
Q4 - Getting Care as Soon as Needed

Use caution when reviewing scores with sample sizes less than 25.
"Health Plan's Score" is the percent of respondents that answered “Always”, “Usually”; “Yes”

**Red Text** indicates measure is 25th percentile or lower.

# Key Driver Analysis – Doctor and Specialist




"Health Plan's Score" is the percent of respondents that answered “Always”, “Usually”; “Yes”

**Red Text** indicates measure is 25th percentile or lower.

# Action Plans for Improving CAHPS® Scores

Morpace has consulted with numerous clients on ways to improve CAHPS® scores. Even though each health plan is unique and faces different challenges, many of the improvement strategies discussed on the next few pages can be applied by most plans with appropriate modifications.

In addition to the strategies suggested below, we suggest reviewing AHRQ's CAHPS® Improvement Guide, an online resource located on the Agency for Healthcare Research and Quality website at:

http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/improvement-guide.html

## GETTING NEEDED CARE *(1 of 2)*

***Easy to get appointment with specialist***

- Develop referral guidelines to identify which clinical conditions the PCPs should manage themselves and which should be referred to the specialists.
- Review authorization and referral patterns for internal barriers to member access to needed specialists. Include Utilization Management staff in the review process to assist in barrier identification and process improvement development.
- Review Complaint and Grievance information to assess if issues are with the process of getting a referral/authorization to a specialist, or if the issue is the wait time to get an appointment.
- Include supplemental questions on the CAHPS® survey to determine whether the difficulty is in obtaining the initial consult or subsequent appointments.
- Include a supplemental question on the CAHPS® survey to determine with which type of specialist members have difficulty making an appointment.
- Perform a GeoAccess study of your panel of specialists to assure that there are an adequate number of specialists and that they are dispersed geographically to meet the needs of your members.
- Instruct Provider Relations staff to question PCP office staff regarding which types of specialists they have the most problems scheduling appointments for their patients.
- Conduct an Access to Care survey to validate appointment availability of specialist appointments.
- Include specialists in a CG-CAHPS Study to determine ease of access as well as other issues with specialist care.
- Develop a worksheet which could be completed and given to the patient by the PCP explaining the need and urgency of the referral as well as any preparation on the patient's part prior to the appointment with the specialist. Including the patient in the decision making process improves the probability that the patient will visit the specialist.
- Develop materials to introduce and promote your specialist network to the PCPs and encourage the PCPs to develop new referral patterns that align with the network.

# Action Plans for Improving CAHPS® Scores

## GETTING NEEDED CARE *(2 of 2)*

***Easy to get care believed necessary***

- Evaluate pre-certification, authorization, and appeals processes. Of even more importance is to evaluate the manner in which the decisions are communicated to the member. Members may be told that the health plan has not approved specific care, tests, or treatment, but are not being told why. The health plan should go the extra step to ensure that the member understands the decision and hears directly from them.

***Additional recommendations***

- Include a supplemental question on the CAHPS® survey to identify the type of care, test or treatment which the member has a problem obtaining.
- Review complaints received by Customer Service regarding inability to receive care, tests or treatments. Identify the issues generating the highest number of complaints and prioritize improvement activities to address these first.
- When care or treatment is denied, care should be taken to ensure that the message is understood by both the provider and the member. Evaluate language utilized in denial letters and scripts for telephonic notifications of denials to make sure messaging is clear and appropriate for a lay person. If state regulations mandate denial format and language in written communications, examine ways to also communicate denial decisions verbally to reinforce reasons for denial.

# Action Plans for Improving CAHPS® Scores

## GETTING CARE QUICKLY

***Getting care as soon as you needed***

- Distribute to members listings of Urgent Care/After Hours Care options available in network. Promote Nurse on Call lines as part of the distribution. Refrigerator magnets with Nurse On-Call phone numbers and names of participating Urgent Care centers are very effective in this population.

***Getting appointment as soon as needed***

- Encourage PCP offices to implement open access scheduling – allowing a portion of each day to be left open for urgent care and follow-up care.

***Additional recommendations***

- Include in member newsletters articles regarding scheduling routine care and check ups and informing members of the average wait time for a routine appointment for your network.
- Identify for members, PCP, Pediatric and OB/GYN practices that offer evening and weekend hours.
- Encourage PCP offices to make annual appointments 12 months in advance
- Conduct an Access to Care Study
  - Calls to physician office - unblinded
  - Calls to members with recent claims
  - Desk audit by provider relations staff
- Conduct a CG-CAHPS survey to identify offices with scheduling issues

# Action Plans for Improving CAHPS® Scores

## HOW WELL DOCTORS COMMUNICATE

***Explain things in a way you could understand***

- Include supplemental questions from the Item Set for Addressing Health Literacy to identify communication issues.

***Listen carefully to you***

- Provide the physicians with patient education materials. These materials could reinforce that the physician has heard the concerns of the patient and/or that they are interested in the well-being of the patient. The materials might also speak to a healthy habit that the physician wants the patient to adopt, thereby reinforcing the communication and increasing the chances for compliance. Materials should be available in appropriate/relevant languages and reading levels for the population.

***Show respect for what you had to say***

- Conduct focus group of members to identify examples of behaviors identified in the questions. Video the groups to show physicians how patients characterize excellent and poor physician performance.

***Spend enough time with you***

- Develop “Questions Checklists” on specific diseases to be used by members when speaking to doctors. Have these available in office waiting rooms or provided by office staff prior to the patient meeting with the doctor. The doctor can review and discuss the checklist during the office visit.

***Additional recommendations***

- Conduct a CG-CAHPS survey to identify physicians for whom improvement plans should be developed.
- Provide communication tips in the provider newsletters. Often, these are better accepted if presented as a testimonial from a patient.

# Action Plans for Improving CAHPS® Scores

## SHARED DECISION MAKING

***Discussed reasons to take medicine***

- Develop patient education materials about common medicines described for your members explaining pros of each medicine. Examples: asthma medications, high blood pressure medications, statins.

***Discussed reasons not to take medicine***

- Develop patient education materials about common medicines described for your members explaining cons of each medicine. Examples: asthma medications, high blood pressure medications, statins.

***Asked preference for medicine***

- Conduct a CG-CAHPS survey and include the Shared Decision Making Composite as supplemental questions.

***Additional recommendations***

- Develop or purchase audio recordings and/or videos of patient/doctor dialogues/vignettes with information about common mediations. Distribute to provider panel via podcast or other method.

# Action Plans for Improving CAHPS® Scores

## HEALTH PLAN CUSTOMER SERVICE

***Got information or help needed***

- On a monthly basis, study Call Center reports for reasons of incoming calls and identify the primary drivers of calls. Bring together Call Center representatives and key staff from related operational departments to design interventions to decrease call volume and/or improve member satisfaction with the health plan.

***Treated you with courtesy and respect***

- Operationally define customer service behaviors for Call Center representatives as well as all staff throughout the organization. Train staff on these behaviors.

***Additional recommendations***

- Conduct Call Center Satisfaction Survey. Implement a short IVR survey to members within days of their calling customer service to explore/assess their recent experience.
- Implement a service recovery program so that Call Center representatives have guidelines to follow for problem resolution and atonement.
- Acknowledge that all members who respond that they have called customer service have actually talked to plan staff in other areas than the Call Center. Promote the idea of customer service is the responsibility for all staff throughout the organization.

# Action Plans for Improving CAHPS® Scores

## CARE COORDINATION

***Personal doctor informed and up-to-date about the care you got from other doctors or other health providers***

- Institute process where the plan notifies the PCP when a member is admitted/discharged from a hospital or SNF. Upon discharge, send a copy of the discharge summary to the PCP.

Care Coordination is an area in which the health plan can be seen as the partner to the physician in the management of a member's care. A plan's words and actions can emphasize the plan's willingness to work with the physician to improve the health of their members and to assist the physician in doing so.

- Offer to work with larger/high volume PCP groups to facilitate EMR connectivity with high volume specialty groups.
- Conduct a referring physician survey with PCPs via the Internet to ascertain the level of communication between PCPs and specific specialists.
- Investigate how the plan can assist the PCP in coordinating care with specialists and ancillary providers.
- Institute a policy and procedure whereby copies of MTM information is faxed/mailed to the member's assigned PCP.
- Have Provider Relations staff interview PCP office staff as to whether they communicate with Specialist offices to request updates on care delivered to patients that the PCP referred to the Specialist.
- Encourage PCP offices to assist members with appointment scheduling with specialists and other ancillary providers and for procedures and tests.

# General Knowledge about Demographic Differences

*The commentary below is **based on the Morpace Adult Medicaid Book of Business**:*

| | |
|---|---|
| Age | Older respondents tend to be more satisfied with their health care experience and health plan than younger respondents. The older population scores significantly higher in the following areas: Getting Care Quickly, Getting Needed Care, Customer Service, Care Coordination (Q22), all rating questions, and obtaining the flu shot or spray. |
| Health Status | People who rate their health status as 'Excellent' or 'Very good' tend to be more satisfied than people who rate their health status lower. The 'Excellent/Very good' group scores higher in the following areas: Shared Decision Making, How Well Doctors Communicate, Getting Needed Care, all rating questions, and Care Coordination (Q22). The exceptions are Getting appointment as soon as needed (Q6) and obtaining the flu shot or spray, where members rating their health status 'Fair/Poor' had significantly higher responses. |
| Education | Scores do not vary much when comparing education level. Shared Decision Making is the only composite where the more educated members have a significantly higher score. Less educated members have a significantly higher score for Care Coordination (Q22), Rating of Personal Doctor, and Rating of Health Plan. |
| Race and ethnicity effects are independent of education and income. Lower income generally predicts lower satisfaction with coverage and care. | |
| Race | Whites tend to give higher ratings to both rating and composite questions than African Americans or the 'All other' group. Significantly higher scores are noted for Whites in the following composites: Getting Care Quickly and Getting Needed Care. Scores for 'All other' tend to be lower across the board.<br>Morpace Book of Business: White - 53%; African American - 31%; All other - 18%<br><br>Growing evidence denotes that lower satisfaction ratings from Asian Americans are partially attributable to cultural differences in their response tendencies. Therefore, the lower scores for 'All other' might not reflect an accurate comparison of their experience with health care. |
| Ethnicity | Little difference is seen between the scores for Hispanics and Non-Hispanics for the majority of measures. Non-Hispanics have significantly higher scores for Getting Care Quickly, whereas Hispanics have significantly higher scores for all rating questions, as well as a higher number of members obtaining the flu shot or spray.<br>Hispanics make up 20% of the Morpace Book of Business. |

# Demographic Profile

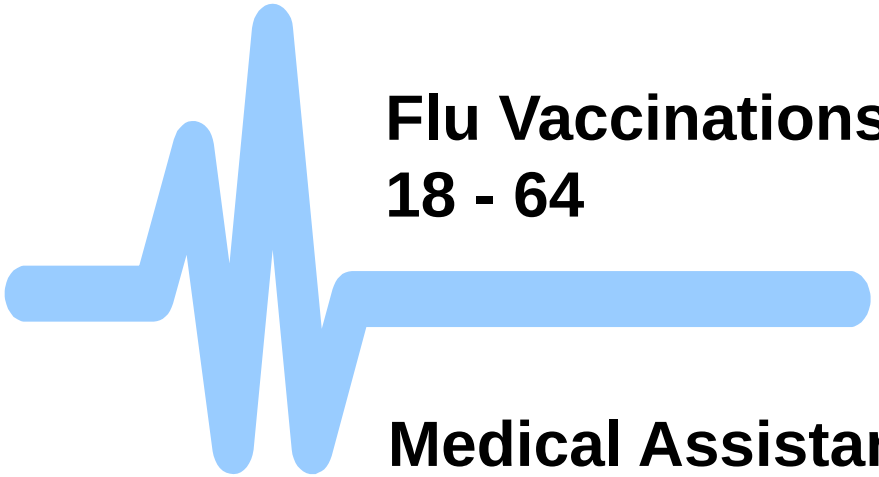
| | Centene NE - Nebraska Total Care | |
|---|---|---|
| | 2017 | 2017 Quality Compass® |
| **Q36. Health Status** | | |
| Excellent/Very good | 26% | 33% |
| Good | 34% | 33% |
| Fair/Poor | 40% | 34% |
| **Q37. Mental/Emotional Health Status** | | |
| Excellent/Very good | 37% | 43% |
| Good | 32% | 29% |
| Fair/Poor | 31% | 29% |
| **Q52. Member's Age** | | |
| 18 to 24 | 3% | 12% |
| 25 to 34 | 12% | 17% |
| 35 to 44 | 12% | 15% |
| 45 to 54 | 14% | 21% |
| 55 to 64 | 25% | 28% |
| 65 or older | 34% | 7% |
| **Q53. Gender** | | |
| Male | 36% | 39% |
| Female | 64% | 61% |
| **Q54. Education** | | |
| Did not graduate high school | 21% | 24% |
| High school graduate or GED | 47% | 38% |
| Some college or 2-year degree | 26% | 27% |
| 4-year college graduate | 4% | 7% |
| More than 4-year college degree | 2% | 4% |
| **Q55/56. Race/Ethnicity** | | |
| Hispanic or Latino | 11% | 18% |
| White | 80% | 57% |
| African American | 9% | 26% |
| Asian | 3% | 5% |
| Native Hawaiian or other Pacific Islander | 1% | 1% |
| American Indian or Alaska Native | 5% | 4% |
| Other | 5% | 10% |

**Data shown are self reported.**

# Composite & Rating Scores by Demographics

| | Centene NE - Nebraska Total Care | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Age | | | Race | | | Ethnicity | | Educational Level | | Health Status | | |
| Demographic | 18-34 | 35-54 | 55+ | White | African American | All other | Hispanic | Non-Hispanic | HS Grad or Less | Some College+ | Excellent/ Very Good | Good | Fair/ Poor |
| *Sample size* | (n=52) | (n=88) | (n=202) | (n=277) | (n=30) | (n=44) | (n=36) | (n=295) | (n=228) | (n=109) | (n=86) | (n=114) | (n=134) |
| **Composites** *(% Always/Usually)* | | | | | | | | | | | | | |
| **Getting Care Quickly** | 91 | 93 | 87 | 89 | 92 | 86 | 94 | 88 | 88 | 91 | 84 | 93 | 88 |
| **Shared Decision Making** *(% Yes)* | 81 | 83 | 74 | 80 | 58 | 72 | 71 | 78 | 75 | 81 | 74 | 77 | 78 |
| **How Well Doctors Communicate** | 89 | 93 | 92 | 92 | 96 | 84 | 96 | 92 | 92 | 93 | 95 | 92 | 89 |
| **Getting Needed Care** | 76 | 90 | 89 | 89 | 89 | 79 | 89 | 87 | 89 | 86 | 89 | 86 | 86 |
| **Customer Service** | 65 | 86 | 93 | 86 | 95 | 88 | 100 | 86 | 89 | 85 | 91 | 86 | 88 |
| **Overall Ratings** *(% 8,9,10)* | | | | | | | | | | | | | |
| **Health Care** | 74 | 76 | 80 | 80 | 67 | 73 | 76 | 78 | 81 | 74 | 82 | 79 | 75 |
| **Personal Doctor** | 78 | 84 | 89 | 88 | 84 | 76 | 91 | 86 | 86 | 86 | 91 | 84 | 85 |
| **Specialist** | 60 | 88 | 78 | 81 | 56 | 84 | 93 | 78 | 81 | 76 | 82 | 75 | 80 |
| **Health Plan** | 65 | 78 | 83 | 78 | 86 | 80 | 71 | 79 | 81 | 75 | 87 | 80 | 73 |

# HEDIS® Measures



**Flu Vaccinations for Adults Ages 18 - 64**

**Medical Assistance with Smoking and Tobacco Use Cessation**

# Flu Vaccinations for Adults Ages 18 – 64

- The Flu Vaccinations for Adults Ages 18-64 Measure is designed to report the percent of members:
  - who are between the ages of 18-64 as of July 1st of the measurement year
  - who were continuously enrolled during the measurement year, and
  - who received an influenza vaccination or flu spray between July of the measurement year and the date on which the survey was completed
- Results for this measure are calculated using data collected during the measurement year.
- All members in the sample are asked to answer this question but only the members that meet the age criteria will be included in the results for this measure. Below are the 2017 Reported Results. See Technical Notes for Accreditation Scoring.

| Q38. Have you had either a flu shot or flu spray in the nose since July 1, 2016? | 2017 Reported Results* |
|---|---|
| Members that meet age criteria (results are not reportable if less than 100) | 231 |
| Members that meet age criteria and received a flu vaccination | 109 |
| ***Flu Vaccinations for Adults Rate*** | ***47%*** |

| 2017 Quality Compass® | | | | | | | |
|---|---|---|---|---|---|---|---|
| Mean | 5th | 10th | 25th | 50th | 75th | 90th | 95th |
| 38.57 | 25.20 | 29.57 | 34.28 | 39.20 | 43.00 | 47.46 | 51.31 |

**Plan Score:**

**88th Percentile**

** The 2017 Reported Result is calculated using results collected during the measurement year. There must be a total of 100 or more respondents eligible for calculation in the measurement year for the rate to be reportable. The results for this measure became eligible for public reporting in 2015.*

# Medical Assistance with Smoking & Tobacco Use Cessation

## *Advising Smokers and Tobacco Users to Quit*

- The Medical Assistance with Smoking and Tobacco Use Cessation (MSC) measure consists of the following components that assess different facets of providing medical assistance with smoking and tobacco use cessation:
  - Advising Smokers and Tobacco Users to Quit
  - Discussing Cessation Medications
  - Discussing Cessation Strategies
- Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who received advice on quitting smoking/tobacco use.

| ^^ | 2016 | 2017 | 2017 Reported Results* |
|---|---|---|---|
| Members that meet criteria (results are not reportable if less than 100) | NA | 108 | 108 |
| Members that meet criteria and were advised to quit smoking or using tobacco | NA | 85 | 85 |
| ***Advising Smokers and Tobacco Users to Quit Rate*** | ***NA*** | ***79%*** | ***79%*** |

| 2017 Quality Compass® | | | | | | | |
|---|---|---|---|---|---|---|---|
| Mean | 5th | 10th | 25th | 50th | 75th | 90th | 95th |
| 76.24 | 64.56 | 68.75 | 72.56 | 77.05 | 80.23 | 82.34 | 84.54 |

**Plan Score:**

**63rd Percentile**

**The Reported Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Reported Results were calculated for the first time in 2011.*

# Medical Assistance with Smoking & Tobacco Use Cessation

## *Discussing Cessation Medications*

- Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who discussed smoking/tobacco use cessation medications.

| ^^ | 2016 | 2017 | 2017 Reported Results* |
|---|---|---|---|
| Members that meet criteria (results are not reportable if less than 100) | NA | 106 | 106 |
| Members that meet criteria and discussed medications to quit smoking or using tobacco | NA | 64 | 64 |
| ***Discussing Cessation Medications Rate*** | ***NA*** | ***60%*** | ***60%*** |

| 2017 Quality Compass® | | | | | | | |
|---|---|---|---|---|---|---|---|
| Mean | 5th | 10th | 25th | 50th | 75th | 90th | 95th |
| 49.46 | 32.56 | 38.94 | 44.11 | 49.71 | 55.17 | 60.34 | 65.06 |

**Plan Score:**

**90th Percentile**

**The Reported Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Reported Results were calculated for the first time in 2011.*

# Medical Assistance with Smoking & Tobacco Use Cessation

## *Discussing Cessation Strategies*

- Criteria for inclusion in this measure are members who are at least 18 years old, who were either current smokers, tobacco users, or recent quitters, who were seen by an MCO practitioner during the measurement year, and who discussed smoking/tobacco use cessation medications or strategies with their doctor.

| ^^ | 2016 | 2017 | 2017 Reported Results* |
|---|---|---|---|
| Members that meet criteria (results are not reportable if less than 100) | NA | 108 | 108 |
| Members that meet criteria and discussed methods & strategies to quit smoking or using tobacco | NA | 59 | 59 |
| ***Discussing Cessation Strategies Rate*** | ***NA*** | ***55%*** | ***55%*** |

| 2017 Quality Compass® | | | | | | | |
|---|---|---|---|---|---|---|---|
| Mean | 5th | 10th | 25th | 50th | 75th | 90th | 95th |
| 44.09 | 30.22 | 34.00 | 39.62 | 43.77 | 48.94 | 54.11 | 56.30 |

**Plan Score:**
**92nd Percentile**

**The Reported Results are calculated using a rolling average methodology, using results collected during two consecutive years of data collection. The Reported Results were calculated for the first time in 2011.*

# Supplemental Questions

# Supplemental Questions – Emergency Room

**Q59. In the last 6 months, how many times did you go to the emergency room to get care for yourself because your personal doctor was not able to see you during regular office hours?**

| | 2017 |
|---|---|
| None | 75% |
| 1 time | 14% |
| 2 times | 6% |
| 3 or more times | 5% |
| *Sample Size:* | *(n=341)* |

# Supplemental Questions – Emergency Room (cont.)

**Q60. Why did you go to an emergency room to get care for yourself? (Multiple Mentions)**

| | 2017 |
|---|---|
| I felt it was an emergency | 66% |
| Unable to get a doctor's appointment as soon as I wanted | 23% |
| Doctor told me to go to the emergency room | 22% |
| I did not know where the nearest urgent care center was | 11% |
| Did not get a call back from the doctor | 5% |
| Other | 19% |
| *Sample Size:* | *(n=83)* |

# Supplemental Questions – Mental Health Services

**Q61. If you needed mental health or substance abuse services for yourself, did you access them:**

| | 2017 |
|---|---|
| Yes | 67% |
| No | 33% |
| *Sample Size:* | *(n=126)* |

**Q62. In the last 6 months, was your health plan helpful to you in getting mental health services for you?**

| | 2017 |
|---|---|
| Yes | 85% |
| No | 15% |
| *Sample Size:* | *(n=123)* |

# Supplemental Questions – Personal Doctor Preferences

**Q63. In the last 6 months, how often was it hard to find a personal doctor who knows your culture?**

| | 2017 |
|---|---|
| Never | 76% |
| Sometimes | 8% |
| Usually | 9% |
| Always | 7% |
| *Sample Size:* | *(n=147)* |

**Q64. In the last 6 months, how often was it hard to find a personal doctor who speaks your language?**

| | 2017 |
|---|---|
| Never | 85% |
| Sometimes | 3% |
| Usually | 3% |
| Always | 8% |
| *Sample Size:* | *(n=181)* |